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**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

Application or Docket Number

10/799262

**APPLICATION AS FILED - PART I**

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							
SEARCH FEE (37 CFR 1.16(k), (l), or (m))							
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.16(l))		minus 20 =	x 25 =		OR	x 50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 3 =	x 100 =			x 200 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(g))							
* If the difference in column 1 is less than zero, enter '0' in column 2			TOTAL			TOTAL	

**APPLICATION AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT A	10/3/05 Total (37 CFR 1.16(g))	60	minus 59 = 1	25		OR	50	50
	Independent (37 CFR 1.16(h))	4	minus 5 =	100		OR	200	
	Application Size Fee (37 CFR 1.16(s))					OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(g))				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(g))					OR		
	Independent (37 CFR 1.16(h))					OR		
Application Size Fee (37 CFR 1.16(s))						OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(g))				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, enter '0' in column 3.

\*\* If the Highest Number Previously Paid For is LESS THAN the entry in column 2.

\*\*\* If the Highest Number Previously Paid For is GREATER THAN the entry in column 2.

The Highest Number Previously Paid For is Total or Independent is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions to reduce this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

\* You need not stamp this form with the date of filing. See PTO Form 100 and select explanation.



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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Akiko Niimi et al.

Serial No.: 10/799,262

Examiner: Jill E. Culler

Filed: March 12, 2004

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FFE  
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For: **INKJET PRINTING APPARATUS**

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New York, New York 10017

**AMENDMENT**

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SIR:

In response to the office action of June 30, 2005, Applicants submit herewith an amendment for entry into the above-identified file.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 30, 2005

Robert L. Norton

Attorney

Signature

September 30, 2005

Date of Signature

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 50-1145.

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